

STATEMENT OF ECONOMIC INTERESTS

A Public Document

Date Received
Official Use Only

Please type or print in ink

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
NAKANISHI, ALAN S. 478-1797
MAILING ADDRESS STREET CITY ZIP CODE CITY OF LODI
1617 ST. MARK'S PLAZA, STOCKTON, CALIF. 95207

COVER PAGE

1. Name of Office Sought or Held, Agency or

Court (Provide precise name. Do not use acronyms.)

CITY COUNCIL

Division, Board, District, if applicable:

LODI, CALIF.

Position:

CITY COUNCIL MEMBER

If Expanded Statement - List agency/position:

(Attach a separate sheet if necessary. Do not use acronyms.)

File originally signed statement with each filing official.)

Agency: LODI REDEVELOPMENT AGENCY

Position Title: MEMBER

2. Office Jurisdiction (Check one)

☐ State

☐ County of _____

☐ City of LODI,

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual

(Check one)

☒ The period covered is January 1, 2000, through December 31, 2000.

☐ The period covered is ____/____/____, through December 31, 2000.

☐ Leaving Office Date Left: ____/____/____

(Check one)

☐ The period covered is January 1, 2000, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached
Investments (Greater than 10% Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☐ Yes - schedule attached
Income - Loans

Schedule E ☐ Yes - schedule attached
Income - Gifts

Schedule F ☐ Yes - schedule attached
Income - Travel Payments

☐ No reportable interests on any schedule

Total number of pages (including this cover page): 4

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED ON MARCH 7, 2001
(month, day, year)

SIGNATURE Alan Nakanishi
(File the originally signed statement with your filing official.)

mailed 3/29/01

Investments, Income, and Assets
of
Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA
2000/2001 FORM 700
FAIR POLITICAL PRACTICES COMM.

Name AEAN NAKAMISHT

1. BUSINESS ENTITY OR TRUST

Name DELTA EYE MEDICAL GROUP, INC.
 Address 1617 ST. MARK'S PLAZA
STOCKTON, CALIF. 95207
 Check one ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITYMEDICAL PRACTICE**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /00 / /00
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

- ☐ Sole Proprietorship ☐ Partnership ☒ Shareholder
 Other

YOUR BUSINESS POSITION 1/3 shares**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$449 ☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

3. LIST EACH REPORTABLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /00 / /00
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining

☐ Other**4. (cont.)**

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /00 / /00
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining

☐ Other**4. (cont.)**

Check one box:

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Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

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☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /00 / /00
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining

☐ Other

Comments:

Interests in Real Property

CALIFORNIA
2000/2001 FORM 700
 FAIR POLITICAL PRACTICES COMM.

Name

ALAN NAKANISHI

STREET ADDRESS OR PRECISE LOCATION

521 S. Hamm

CITY

Lodi, CALIF

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/00 ____/____/00
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Rental Property ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ____ Yrs. remaining ☐ ____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$449 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest,
 see the instructions for reporting sources of rental income.

DELTA EYE MEDICAL
 GROUP, INC

NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY OF LENDER

- ☐ Financial Institution
☒ Other

INTEREST RATE

____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

- ☐ Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.

- ☐ Additional loan - refer to Sch. D.

STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/00 ____/____/00
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Rental Property ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ____ Yrs. remaining ☐ ____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest,
 see the instructions for reporting sources of rental income.

NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY OF LENDER

- ☐ Financial Institution
☐ Other

INTEREST RATE

____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

- ☐ Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.

- ☐ Additional loan - refer to Sch. D.

Comments:

Income & Business Positions

(Income Other than Loans, Gifts, and
Travel Payments)**CALIFORNIA**
2000/2001 FORM 700
FAIR POLITICAL PRACTICES COMM.Name
ALAN NACAMISKI

NAME OF SOURCE
DELTA EYE MEDICAL GROUP INC

ADDRESS
1617 ST. MARK'S PLAZA, STOCKTON

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEDICAL PRACTICE CALIF 95207

YOUR BUSINESS POSITION
PHYSICIAN EMPLOYEE

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

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(Property, car, boat, etc.)

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(Describe)

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

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(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

Comments: _____

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Official Use Only

Please type or print in ink

RECEIVED

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Nakanishi	Alan	S.	(209) 478-1797
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
1617 St. Mark's Plaza, Stockton, Ca 95207			
OPTIONAL FAX / E-MAIL ADDRESS			
CITY CLERK			
CITY OF LODI			ES

COVER PAGE

1. Name of Office Sought or Held, Agency or

Court (Provide precise name. Do not use acronyms.)

San Joaquin Council of Governments

Division, Board, District, if applicable:

Member - Alternate

Position:

→ If Expanded Statement – List agency/position:

(Attach a separate sheet if necessary. Do not use acronyms.
File originally signed statement with each filing official.)

Agency: _____

Position Title: _____

2. Office Jurisdiction (Check one)

☐ State

☒ County of San Joaquin

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual
(Check one)

☒ The period covered is January 1, 2000, through December 31, 2000.

☐ The period covered is ____/____/____, through December 31, 2000.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2000, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes – schedule attached
Investments (Greater than 10% Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☐ Yes – schedule attached
Income – Loans

Schedule E ☐ Yes – schedule attached
Income – Gifts

Schedule F ☐ Yes – schedule attached
Income – Travel Payments

→ ☐ No reportable interests on any schedule

Total number of pages (including this cover page): 4

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

March 2, 2001

EXECUTED ON _____
(month, day, year)

SIGNATURE [Signature]
(File the originally signed statement with your filing official.)

mailed 4/2/01

Please type or print in ink

NAME (LAST) Nakanishi (FIRST) Alan (MIDDLE) S. DAYTIME TELEPHONE NUMBER (209) 478-1797
MAILING ADDRESS (May be business address) 1117 St. Mark's Plaza, Stockton, Ca 95207 STREET ST. MARK'S PLAZA CITY STOCKTON ZIP CODE 95207 OPTIONAL FAX / E-MAIL ADDRESS CITY CLERK CITY OF LODI

COVER PAGE

1. Name of Office Sought or Held, Agency or Court (Provide precise name. Do not use acronyms.)

Division, Board, District, if applicable:

San Joaquin Co. Solid Waste mgmt Task Force
Position: Member

→ If Expanded Statement – List agency/position:

(Attach a separate sheet if necessary. Do not use acronyms.
File originally signed statement with each filing official.)

Agency: _____

Position Title: _____

2. Office Jurisdiction (Check one)

- ☐ State
☒ County of San Joaquin
☐ City of _____
☐ Multi-County _____
☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

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(Check one)

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EXECUTED ON March 7, 2001
(month, day, year)

SIGNATURE [Signature]
(File the originally signed statement with your filing official.)

mailed 4/2/01

Please type or print in ink

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Nalkanishi Alan S (209) 478-1797
MAILING ADDRESS (May be business address) STREET CITY ZIP CODE
1617 St. Marks Plaza, Stockton, CA 95207
OPTIONAL FAX / E-MAIL ADDRESS
JOSHN J. BLACKSTON
CITY CLERK
CITY OF STOCKTON

COVER PAGE

1. Name of Office Sought or Held, Agency or Court (Provide precise name. Do not use acronyms.)

Division, Board, District, if applicable:

Water Advisory Commission

Position:

Member

➔ If Expanded Statement – List agency/position:

(Attach a separate sheet if necessary. Do not use acronyms.
File originally signed statement with each filing official.)

Agency: _____

Position Title: _____

2. Office Jurisdiction (Check one)

☐ State

☒ County of San Joaquin

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

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EXECUTED ON March 7, 2001
March
(month, day, year)

SIGNATURE [Signature]
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mailed 4/2/01